

Case Number:	CM15-0104669		
Date Assigned:	06/09/2015	Date of Injury:	09/13/2011
Decision Date:	07/09/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/01/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 41 year old male, who sustained an industrial injury on September 13, 2011. He reported that when lifting a wood rack with pain in the right shoulder and right wrist. The injured worker was diagnosed as having anxiety stat, abdominal pain, cervical neuritis/radiculopathy, shoulder tenosynovitis, arthroscopy of shoulder, lateral epicondylitis of the elbow, medial epicondylitis of the elbow, injury to the ulnar nerve, carpal tunnel syndrome, and acute gastritis. Treatment to date has included physical therapy, right shoulder injections, TENS, MRI, electromyography (EMG), right shoulder surgery, acupuncture, right elbow surgery, and medication. Currently, the injured worker complains of pain in the neck and right shoulder with problems sleeping. The Primary Treating Physician's report dated January 28, 2015, noted the injured worker reported that physical therapy had helped improve her symptoms with improved strength. Physical examination was noted to show neck palpation revealed tenderness with right elbow/wrist impingement signs were present with abnormal right shoulder range of motion (ROM). The treatment plan was noted to include continued pain medications and physical therapy, and pending consultation with an internist.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

One time drug metabolism lab test via saliva: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, genetic drug metabolism testing.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested services. The ODG states genetic testing for potential opioid abuse is not recommended as current research is experimental and studies are inconsistent in benefit. Therefore, the request is not medically necessary.